Complete if Known

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.K. 4818).				pplication Numbe	r 10/8	10/810,064		
FEE TRANSMITTAL				iling Date	Marc	March 25, 2004		
For FY 2006				irst Named Invent	or Wes	West, Bradley S.		
Applicant claims small en			E	xaminer Name	YAN	G, ANDREW	GUS	
	iny status.	366 37 51 K 1.27	- -L△	rt Unit	2628	}		
TOTAL AMOUNT OF PAY	MENT (\$) 200	A	ttorney Docket No	. 0217	′51-001720U	<u>s</u>	
METHOD OF PAYMENT	check all	that apply)						
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP								
For the above-identi	fied deposi	it account, the Directo	or is here	by authorized to:	(check all t	hat apply)		
Charge fee(s) i					fee(s) indic	ated below, exc	cept for the filing fee	
Charge any additional fee(e) or underpayments of fee(s) Credit any overpayments WARNING: Information on this form may become public. Credit eard information should not be included on this form. Provide credit eard information and subfrization on PTO-2038.								
FEE CALCULATION								
BASIC FILING, SEAR Application Type	FILING	FEES	SEARC SI	CH FEES mall Entity Fee (\$)	St	ATION FEES mall Entity Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
EXCESS CLAIM FEES Fee Description Each claim over 20 (inc Each independent claim Multiple dependent claim Mu	cluding R n over 3 (ims	including Reissues				50 200 360	Small Entity Fee (\$) 25 100 180	
<u>Total Claims</u> <u>J</u> 29 -20 or HP =	Extra Clain 4	ns <u>Fee (\$)</u> x \$50		raid (\$) 100		Multiple De Fee (\$)	pendent Claims Fee Paid (\$)	
HP = highest number of total clain	ns paid for, if Extra Clain 0	greater than 20 ns Fee (\$) x \$200	Fee P	raid (\$)				
3. APPLICATION SIZE F If the specification and d listings under 37 CFF sheets or fraction the: Total Sheets - 100 = 4. OTHER FEE(S) Non-English Specific Other (e.g., late filin	rawings e R 1.52(e)) reof. See Extra She	, the application si 35 U.S.C. 41(a)(1 ets Number / 50 = \$\frac{Number}{2}\$	ze fee d)(G) and r of each	ue is \$250 (\$12 d 37 CFR 1.16(a additional 50 or round up to a who	5 for sma s). r fraction t	ll entity) for o	each additional 50	
Care (e.g., me mm	, our office g							

	Signature	/David N. Slone, Reg. No. 28,572/	Registration No. (Attorney/Agent) 28,572	Telephone 650-326-2400
ı	Name (Print/Type)	David N. Slone		Date June 19, 2007

SUBMITTED BY